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FAIR POLITICAL  
PRACTICES COMMISSION

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Gioia

John

CONTRA COSTA COUNTY  
ELECTION DEPARTMENT

1. Office, Agency, or Court

Agency Name

Contra Costa County Board of Supervisors

Division, Board, Department, District, if applicable

Your Position

One

Member, Board of Supervisors

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☒ County of Contra Costa

☐ City of \_\_\_\_\_

☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2010.

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

☐ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this

I certify under penalty of perjury under the laws of the State of California that

Date Signed April 1, 2012  
(month, day, year)

Signature

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

John Gioia

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Partnership for Children and Youth

ADDRESS (Business Address Acceptable)

1611 Telegraph Ave., #404, Oakland, CA 94612

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Non Profit Corporation - Education Policy

YOUR BUSINESS POSITION

None

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary      ☒ Spouse's or registered domestic partner's income  
☐ Loan repayment      ☐ Partnership

☐ Sale of \_\_\_\_\_  
(Property, car, boat, etc.)

☐ Commission or      ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary      ☐ Spouse's or registered domestic partner's income  
☐ Loan repayment      ☐ Partnership

☐ Sale of \_\_\_\_\_  
(Property, car, boat, etc.)

☐ Commission or      ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000  
☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000  
☐ OVER \$100,000

INTEREST RATE

\_\_\_\_\_%      ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

- ☐ None      ☐ Personal residence

☐ Real Property \_\_\_\_\_  
Street address

City

☐ Guarantor \_\_\_\_\_

☐ Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name  John Gioia

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

▶ NAME OF SOURCE	
California State Association of Counties (CSAC)	
ADDRESS (Business Address Acceptable)	
1100 K St., #101	
CITY AND STATE	
Sacramento, CA	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
Association of California counties	
DATE(S): ____/____/____ - ____/____/____ AMT: \$ 577.23 (If applicable)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income	
DESCRIPTION: Travel reimbursement for attending meetings on behalf of CSAC as its Vice President	

▶ NAME OF SOURCE	
Stuart Foundation	
ADDRESS (Business Address Acceptable)	
500 Washington St.	
CITY AND STATE	
San Francisco, California	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input checked="" type="checkbox"/> 501 (c)(3)
Funder of youth education/development programs	
DATE(S): 10/25/11 - 10/27/11 AMT: \$ 814.70 (If applicable)	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: Travel reimbursement to attend National Center for Community Schools Practicum & Site Visits.	

▶ NAME OF SOURCE	
Robert Wood Johnson Foundation	
ADDRESS (Business Address Acceptable)	
P.O. Box 2316	
CITY AND STATE	
Princeton, New Jersey	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input checked="" type="checkbox"/> 501 (c)(3)
Funder of Childhood Obesity Prevention Activities	
DATE(S): 09/07/11 - 09/09/11 AMT: \$ 856.00 (If applicable)	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: Travel reimbursement to attend Leadership for Healthy Communities Childhood Obesity Summit	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ (If applicable)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: _____	

Comments: \_\_\_\_\_